

Neighborhood Health Plan of Rhode Island
Formulary Change Document



March 2023 Updates:

The following changes to the Neighborhood Commercial 6Tier Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee or a recent generic became available for a formulary medication. All changes to the formulary are effective immediately unless otherwise noted.

Drug Name	Benefit	Description of Coding Change
DABIGATRAN CAP 150MG	Pharmacy	Generic added to the formulary
OZEMPIC INJ 2MG/3ML	Pharmacy	Added to the formulary
SKYRIZI INJ 180/1.2	Pharmacy	Added to the formulary
CITRANATAL CAP MEDLEY	Pharmacy	Added to the formulary
GENOTROPIN INJ 0.2MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 0.4MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 0.6MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 0.8MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 1.2MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 1.4MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 1.6MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 1.8MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 1MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 12MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 2MG	Pharmacy	Added to the formulary
GENOTROPIN INJ 5MG	Pharmacy	Added to the formulary

Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.